COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office, 45 Memorial Circle, Augusta, Maine



www.maine.gov/ethics one: 207-287-4179 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 48) The Ethics Commission

Please file this statement with the Maine Ethics Commission by 5:00 p.m. on April 16, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	EMPLOYEE INFORMATION					
Name	•	Title				
EUZABETH TOWNS Department/Agency/Bureau/Division	ZEND .	DEPUTY COMMISSIONE Work Phone				
CONSERVATION		287-4901				
Mailing Address, City, ZIP	Westerfale of a finished a committee of a consequence of a company westerfale of a consequence of a conseque	erina er Erina erina er				
SHS # 22 AUGI	USTA NE OY:	333				
PART 1. INCOM	ME DERIVED FROM EMPLOYMEI	NT BY ANOTHER				
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
None						
Name of Employer	Address	Principal Type of Economic Activity of Employer				
STATE OF MANE	#ZZ SHS AUGUSTA ME OU	1333 COVERNMENT				
		500 Aut 1990 - 1				
	GRANT MICHAEL MATERIAN COMMUNICATION CONT. COM STATE COME MATERIAN COME AND COME AND AND COME					
PART 2. INCOME DEI	RIVED FROM SELF-EMPLOYMEN	NT OR LAW PRACTICE				
A. List the name and address of your business o derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if any, and list the major are firm, professional association, or simil-	eas of economic activity or practice from which you ar business entity, list the major areas of economic				
None	$add \ \ columns delicated \ \ begin{picture}(1,0) \put(0,0) \put$					
Name and Address of Business Entity or Law	v Firm Major Areas of Econom Practice (self					
Name:						
Address:						
Name:						
Address:						

	PART 2 (continued). INCOME DERIVED FROM	/ SELF-EMPLOYMENT
whichever is greater, and form of disclosure is pro-	ncome derived from self-employment or practice that repred specify the principal type of economic activity of the entity oblibited by law, rule, or an established code of profession from whom the income was derived.	or person from whom you derived such income. If this
	Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	HII] (1900-) Servinia addisciolati (Montherene et Microsophi et esperante proprieta pr	anadalamontal kel li
Address:		Ī
Name:		
Address:		
	PART 3. OTHER SOURCES OF	INCOME
List each source of incom box.	ne of \$1,000 or more rot listed in Parts 1 or 2 of this form.	Do not include gifts or honoraria. If none, check the
None		
	Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
	PART 4. REPORTABLE LIABII	LITIES
areas of economic activit	ors for any <u>unsecured</u> loans of \$3,000 or more that you re ity of each creditor. Do not list credit card liabilities, or ed ibutions, or business loans from regulated financial institution	lucational loans, loans from a relative, loans that were
None		
	Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:	THE COLUMN TO THE PROPERTY OF	gamma minusun manamanna anna kunamanna manamanna dan na amana dan na anna na para na manaman manaman manaman m
Address:		
	PART 5. REPORTABLE GIF	er segegente et travelar are et seur la terrala de les als la la telefent et til per Migdie, tre til byte di b
List the specific source of	f gifts received during the reporting period with an aggregate	e value of more than \$300. If none, check the box.
None None		
Na. 	ame of Source of Gift 3.	Name of Source of Gift
anga gaga panga pang		
2.	4.	

PART 6. I	REPORTABLE HONORARIA	
List the source of any honoraria accepted for appearances	agus a un travas de fredre en el el el eguque pagrapaga pagrata a un un el el un un el esta agrap.	I capacity or duties. If none, check the box.
A None	www.proprocessor.com/colored/colored/files/separatellive/files/fil	A A A A A A A A A A A A A A A A A A A
Name of Source of Honoraria		ame of Source of Honoraria
1	3.	MARIEN gehand (2-matemiorium metror des et 2500mg/kilologis (3-kilologis) des
2.	4.	3,000 m to 1,000 m to
With the real courses the resident of the first of the course of the cou	NTATION BEFORE STATE A	
List each executive branch agency before which you compensation of any amount other than your official salar none, check the box.	or a member of your immediat ry. Indicate whether you or a far	e family represented or assisted others for nily member appeared before the agency. If
X None	enteres de la composition della composition dell	
Name of Agency		Name of Agency
1.	3.	
2.	4.	
PART 8. BUSI	INESS WITH STATE AGENCI	50
List each executive branch agency to which you or a mem \$1,000 during the reporting period. Indicate whether you or	nber of your immediate family sole	d goods or services with a value in excess of
None	CLEATING THE COMMON CONTROL OF THE COMMON CO	J. SCI VICES. II IIVII, VINOR OID DOM.
Name of Agency		Name of Agency
1.	3.	THE COLORS OF TH
2.	4.	
	ED BY MEMBERS OF IMME	DIATE FAMILY
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir or more of income, list his or her name and job title. List onl not include gifts.	e of income of \$1,000 or more red nd of income represented. If your y the job title of dependent childre	ceived by your spouse or domestic partner or spouse or domestic partner received \$1,000 n who received income of \$1000 or more. Do
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activ Representing Source of Ind Received	
Name:	1.	1.
Job Title:	2. 3.	2. 3.
Dependent Child(ren) - Job Titles Only		
Job Title:		
Job Title:		
Job Title:		

	PART 10. C	OFFICER OR DIRECTOR	R POSITIONS			
held any office,	fit or nonprofit corporation, firm, association, trusteeship, directorship, or position of arensated. If a family member listed, indica	tion, partnership or business any nature. Indicate whethe	s in which you or a m er you or a family held	d the position and whe	liate family ether the posi-	
None				MASS and the second sec	Sand Sand Sand Sand Sand Sand Sand Sand	
	Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?	
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		CICNATURE				
		SIGNATURE				
Subscribed and sworn (affirmed) to before me this day of Ale ROSS My commission expires (Date) (Date) (Date) (Date) (Seal is optional)						
		DDITIONAL INFORMATION				
Please provide the information	e any additional information below (a n you are providing. Use additional p	and on additional sheets a pages, if necessary.	if needed). Indicat	te the part or section	n number for	
Part/Section Number			erin pasa projectiva mirjandada proportionis sinda si sperio, sili provincia and sili post projecti	Almost Assembly Company of the Standard Standard Standard Standard Standard Standard Standard Standard Standard		